

**At-Risk Afterschool Meals**  
**Site Application and Pre-Approval Visit Form**  
**Kentucky Department of Education CACFP**

**Sponsor:** \_\_\_\_\_ **CNIPS #:** \_\_\_\_\_

Site Information							
<b>Site Name</b>							
<b>Street Address</b>							
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>County</b>	
<b>Phone Number</b>	(    )	<b>Extension</b>		<b>Fax Number</b>	(    )		
<b>Program Contact</b>			<b>Email</b>				
<b>Site Type (Check One)</b>	___ At-Risk	___ <b>Special At-Risk (Describe):</b> _____					
		___ <b>Special Date(s):</b> _____					

**Site Eligibility**

- At-Risk Site Qualifying Data: \_\_\_\_\_ % Free/Reduced  
 (The site must be located in the attendance area of a public school where at least 50 percent of the enrolled students are certified as eligible for free or reduced-price meals. **CEP data cannot be used**).
- Name of school used for Qualifying Data: \_\_\_\_\_
- License Information: \_\_\_ Exempt from State or Local Licensure (Is an At-Risk only site)  
 Capacity: \_\_\_\_\_ License ID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Site Operational Information:**

- a. Site/School Hours      Begin: \_\_\_\_\_ End: \_\_\_\_\_
- b. At-Risk Program Hours      Begin: \_\_\_\_\_ End: \_\_\_\_\_
- c. Days of the week At-Risk meals will be claimed:  
 \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday
- d. At-Risk Meals Claimed: \_\_\_ Breakfast \_\_\_ Lunch \_\_\_ Snack \_\_\_ Supper
- e. At-Risk Meal Times: Start: \_\_\_\_\_ End: \_\_\_\_\_  
    Start: \_\_\_\_\_ End: \_\_\_\_\_
- f. Method of Meal Service:
  - ☐ Site prepares meals on site (contract not required)
  - ☐ Site receives meals from another site or central preparation owned by the sponsor (contract not required)
  - ☐ Site contracts with a local public school system
  - ☐ Site contracts with another approved CACFP site with which it is not affiliated
  - ☐ Site contracts with a registered caterer

Personnel responsible for CACFP administration and food service	
Name	Program Labor or Administrative Duties

Enrichment and Educational Activities					
Only list Enrichment Activities which are <u>open to all participants</u> such as; Homework Assistance, Remedial Education, ESS, Computer Skills, Life Skills, Organized Fitness, Arts/Crafts, Clubs, etc. <i>Sports teams cannot be a stand-alone enrichment.</i>	Supervisor/Leader/ Instructor Name	Location (Library, Gym, Classroom, etc.)	Day(s) of the Week	Time Begin/End	Age Range: Infant, Pre-K, Elem., Middle, High

\_\_\_\_\_  
Signature of Site Instructor for Enrichment Activities

\_\_\_\_\_  
Date

**I certify that all information on this Site Application and Pre-Approval Visit (if applicable) Form is true and correct.**

\_\_\_\_\_  
Signature of Sponsoring Organization Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Site Program Contact

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Submit a copy of the School District Calendar, Site License (if applicable) and this form to:**

- FAX: 502-564-5519
- Or
- Email: [scncacfpgeneral@education.ky.gov](mailto:scncacfpgeneral@education.ky.gov)

**\*\*Sponsors of Unaffiliated Sites must also complete and submit this page\*\***

- Has the site ever participated in the Kentucky CACFP? Yes \_\_\_\_ No \_\_\_\_
- Does the site participate in any other child nutrition programs? Yes \_\_\_\_ No \_\_\_\_  
If yes, list the programs: \_\_\_\_\_
- Has any person directly working with the CACFP/At-Risk program at the site ever been terminated from participation in the CACFP? Yes \_\_\_\_ No \_\_\_\_  
If yes, list the date: \_\_\_\_\_
- List the site program contact and the date they were trained on USDA meal pattern requirements, civil rights compliance, and recordkeeping requirements: \_\_\_\_\_
- Does the site store cleaning supplies/pesticides separately from food items? \_\_\_\_ yes \_\_\_\_ no  
If no, provide explanation: \_\_\_\_\_
- Does the site follow proper hand washing procedures? \_\_\_\_ yes \_\_\_\_ no  
If no, provide explanation: \_\_\_\_\_
- Is the site's dining area clean and sanitary? \_\_\_\_ yes \_\_\_\_ no  
If no, provide explanation: \_\_\_\_\_

**Unaffiliated Site: Required forms (Hard Copies to be kept at the Sponsoring Organization office)**

- ☐ License to Operate or Proof of Occupancy
- ☐ Food Service Inspection Report (If Applicable)
- ☐ News Release
- ☐ Catering Contract (If Applicable)
- ☐ Agreement to Supply Meals (If Applicable)
- ☐ Agreement between Sponsoring Organization and Unaffiliated At-Risk Site

**Unaffiliated Site: Reporting of Ethnic/Racial Data**

- (1) Record the ethnicity and race percentages for the school nearest the site. To obtain the ethnic/racial data for the geographic area, access the following link:  
[http://education.ky.gov/federal/SCN/Documents/Public%20School\\_Ethnicity%20Report.pdf](http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report.pdf)
- (2) Record the number of CACFP afterschool program participants at the site by their ethnicity and race.

	Ethnicity			Race				
	Hispanic or Latino	Non-Hispanic, Non-Latino		Black or African American	White	American Indian or Alaskan Native	Asian	Native Hawaiian or Pacific Islander
(1)	%	%		%	%	%	%	%
(2)	#	#		#	#	#	#	#

**Identify the source (school) of the ethnic/racial data for the geographic area.**

**Describe the procedure to collect and maintain ethnic/racial data of site participants.**

\_\_\_\_\_  
**Signature of Sponsoring Organization Authorized Representative**

\_\_\_\_\_  
**Date**